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COUNTRY PROGRAMME STRATEGY NOTE**

Bhutan

SUMMARY

The Executive Director presents the country programme strategy note for Bhutan for a programme of cooperation for the period 1996 to 2001.

The country programme strategy builds on the recent gains made in child survival and development in Bhutan. Having achieved the majority of the mid-decade goals, the programme will support the Government to achieve the national plan of action goals for children within the framework of the Eighth National Development Plan. The overarching national goal for the plan period is to improve the quality of life of the population through sustainable economic and social development. In support of that goal, the Government has identified four cross-cutting strategies: capacity-building; decentralization; cost-effectiveness; and community participation. In support of this approach, the country programme will have three main thrusts: (a) to enhance decentralization by according high priority to district- and community-level planning and implementation of services for children and support capacity-building at district and community levels; (b) to promote the use of appropriate knowledge and information to stimulate informed participation and decision-making of communities; and (c) to support improved gender-sensitive planning and monitoring of gender-sensitive indicators.

The country programme will comprise five interrelated programmes: health and nutrition; basic education; water supply and sanitation; advocacy and social mobilization; and monitoring and evaluation.

* E/ICEF/1992/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. The delivery of basic social services and mechanisms for local governance are particularly challenging in Bhutan given the dispersed population, mountainous terrain and limited infrastructure. Despite those constraints, sustainable human development is a national priority. The Government allocates more than 20 per cent of its annual budget for the social sector.

2. Bhutanese culture accords high value to children and women and protects their basic interests within society. National policies and strategies for children reinforce these traditional values. The Convention on the Rights of the Child and the World Summit for Children Declaration were ratified by the Government in 1990. A national programme of action (NPA) for Children was prepared and incorporated into the Seventh National Development Plan (1992-1997). As part of this strategy, major progress has been achieved in child survival and development.

3. The 1994 national health survey recorded reductions in infant and under-five mortality rates from 103 and 158 per 1,000 live births, respectively, in 1984, to 70 and 96 in 1994. The maternal mortality rate (MMR) was assessed at 380 per 100,000 live births in 1994 compared to 770 in 1984. These decreases in mortality reflect major gains in the situation of children and women and progress towards the NPA goals.

4. Bhutan has sustained immunization coverage at over 80 per cent for all antigens. The organization of national immunization days during 1995 has further strengthened prospects for the eradication of polio, the elimination of neonatal tetanus and the control of measles.

5. While not perceived as a major problem, the current level of protein-energy malnutrition among children has not been determined. However, the 1988 national nutrition survey estimated undernutrition among the under-five child population at 38 per cent. Major successes have been accomplished in controlling micronutrient deficiencies: iodine deficiency disorders (IDD) have almost been eliminated through the commercial distribution of iodized salt; and vitamin A deficiency is being controlled effectively through the distribution of high-potency capsules to infants, young children and lactating mothers. It is estimated that there is a high prevalence of anaemia, particularly among pregnant women.

6. Notable progress has been made in providing clean drinking water to the population. Almost 58 per cent of the population now have piped water schemes and 70 per cent have some form of household latrine. Despite those gains, diarrhoeal, worm, skin and eye infections account for nearly 60 per cent of rural child morbidity.

7. Innovative approaches have been adopted successfully to increase the access of children to primary education. Boys and girls in remote mountain valleys now have the opportunity to attend community schools. Although the gross enrolment rate is estimated at 72 per cent, the goal of achieving universal access to primary education in a sustainable way remains a major challenge. Repetition and drop-out rates are decreasing, but are still at a high level.

8. Having achieved the majority of the mid-decade goals for children, the basic social issue to be addressed during the next plan period is to sustain these gains through decentralized approaches founded on community participation and empowerment.

LESSONS LEARNED FROM PAST COOPERATION

9. The establishment of a network of community-based outreach clinics in recent years has strengthened the health system and facilitated the delivery of essential maternal and child health services in remote areas. The sustainability of high immunization coverage is linked directly to the expansion of such outreach facilities. Similarly, the construction of community schools by villagers has increased access to education for thousands of young children in remote hamlets. These low-cost, community-based approaches also have empowered communities with the knowledge and awareness to manage and maintain development inputs, thus ensuring sustainability.

10. Social mobilization and communication have been key inputs for sustaining programme activities. Radio has reached Bhutan's dispersed population with child-care messages. Also, involving Buddhist monks as promoters of health and hygiene has increased community awareness. The adoption of standard messages based on Facts for Life has allowed a more focused approach to health education.

11. In the water supply and sanitation sector, there is a need for a balanced programme approach, encompassing further improvements in domestic water supply with better home and personal hygiene. To sustain the costly piped water schemes for their 20-year design period, community-based management and maintenance should be actively pursued.

12. Programme reviews, undertaken jointly by the Government and UNICEF on a quarterly basis throughout the programme cycle, have enhanced collaboration and improved programme management. Frequent exchanges of information on programme planning, monitoring and implementation have helped to build national capacity. Programme management would be improved further by the development of national and subnational social indicator monitoring systems.

PROPOSED COUNTRY PROGRAMME STRATEGY

13. The Government's Eighth National Development Plan (1997-2002) provides the framework for the proposed country programme. Accordingly, the programme cycles of UNICEF and other United Nations agencies have been harmonized with the plan. Similarly, strategies and approaches adopted at recent United Nations conferences pertaining to social development, population and development, and women will be reflected in the Eighth Development Plan. Self-reliance and sustainability are two guiding principles of national development in Bhutan. To achieve those principles, the Government has identified capacity-building, decentralization, cost-effectiveness and community participation as key national development strategies.

14. UNICEF cooperation will be shaped by those cross-cutting strategies and three major thrusts: (a) to enhance decentralization by according high priority to district- and community-level planning and implementation of services for children and supporting capacity-building at district and community levels; (b) to promote the use of appropriate knowledge and information to stimulate informed participation and decision-making of communities; and (c) to support improved gender-sensitive planning and monitoring of gender-sensitive indicators.

15. The overarching national goal for the plan period (1997-2001) is to improve the quality of life for the population through sustainable economic and social development. One manifestation of this goal would be the reduction of the infant mortality rate to below 50 per 1,000 live births, the under-five mortality rate to below 70 per 1,000 live births and MMR to below 270 per 100,000 live births by the year 2000.

16. The country programme objectives will be (a) to expand and strengthen primary health care (PHC) through district-level approaches to ensure universal access of children and women to essential health services; (b) to sustain universal child immunization coverage at 90 per cent, eradicate polio, eliminate neonatal tetanus and halve the 1990 levels of measles morbidity by year 2000; (c) to strengthen maternal health services at district and community levels to ensure that 30 per cent of all deliveries are assisted by trained attendants; (d) to reduce the prevalence of protein-energy malnutrition to below 20 per cent by the year 2000, eliminate IDD and vitamin A deficiency, and reduce levels of anaemia in women and children; (e) to improve household hygiene, increase rural piped water supply coverage from 60 to 80 per cent and expand household latrine coverage from 75 to 100 per cent; (f) to increase access to quality basic education to achieve a gross enrolment rate of at least 90 per cent of school-aged children by 2001; and (g) to enhance capacity at district and central levels to develop monitoring systems to measure social progress.

17. Enhancing the effectiveness of PHC in rural areas will be a key health strategy. Improving management and capacity-building at the district level would increase the overall effectiveness and impact of essential health services. For example, more appropriate training of health personnel and village health workers will support this approach. UNICEF will collaborate with the Danish International Development Agency and the World Health Organization in the development of health services.

18. Health service delivery interventions will focus on the main causes of under-five mortality and morbidity - diarrhoea, acute respiratory infections, parasitic infestations and malnutrition - through preventative measures and improved case management. Immunization coverage will be sustained through a dual strategy of routine immunization and national immunization days.

19. Integrating safe motherhood approaches into all levels of the health delivery system will be a key strategy to improve maternal health care. While the United Nations Population Fund will support improved obstetric care and family planning services in hospitals and basic health units, UNICEF will support safe motherhood approaches as a component of PHC.

20. Nutrition will be given a higher priority in the programme strategy. Improved analysis of the basic and underlying causes of malnutrition at household and community levels, particularly in food insecure areas, will support the development of more appropriate interventions. The strategy will incorporate measures to promote and protect breast-feeding and appropriate complementary feeding practices, reinforce child care and improve growth monitoring and promotion in health facilities. Micronutrient deficiencies will be controlled through vitamin and mineral supplementation and the promotion of improvements in dietary intake.

21. In water supply and sanitation, the gradual shift in programme emphasis from service delivery towards the promotion of sanitation and community capacity-building will be further accelerated to attain a more holistic approach to improve household hygiene. The programme will promote hygiene, through social mobilization, education and motivation, primarily towards increasing sanitary latrine use and improving hand washing, bathing and laundering practices. Community organization and skills, including management of the local water environment, will be strengthened.

22. The programme will further improve access to safe water for domestic use through the construction of gravity-flow systems. Support from the private sector will be sought for the marketing of materials for water supply, smokeless stoves and household latrines. Sector management will be strengthened by developing district-level staff capacity and establishing monitoring systems to measure sector impact.

23. In basic education, emphasis will be given to increasing access to and improving the quality of primary schooling, particularly for disadvantaged groups such as girls and children in remote isolated villages. Non-formal education will be strengthened to meet the needs of out-of-school girls and women. Capacity-building for primary education will continue to be a key strategy supporting innovative approaches such as multi-grade teaching, child-centred learning approaches, distance learning and inclusive education for children with disabilities. The quality of primary education will be improved through upgrading teacher training and supervision, and reinforcing the relevance of the primary curriculum.

24. Social mobilization, advocacy and communication will provide cross-cutting support to the above sectoral programmes by advocating for the basic needs and rights of children. Information and training will enable government officials to deal more effectively with child rights' issues. The dissemination of information from Facts for Life will reach the public through influential groups such as schoolteachers, monks, traditional healers, community leaders and extension workers. Training also will cover media staff in social communication, communication skills of health workers, teachers and community workers to motivate communities to promote health. Leadership organizations such as womens' associations, youth groups and schools should undertake awareness campaigns.

25. Programme management will be strengthened by improving the institutional capacity of sectoral ministries to more effectively monitor and evaluate social development at central and district levels. Operational research will be undertaken to improve service access and cost-effectiveness. Staff will be trained in evaluation methodologies, data analysis and interpretation.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 500	2 350	3 850
Basic education	1 250	2 250	3 500
Water supply and sanitation	1 200	3 100	4 300
Advocacy and social mobilization	750	1 200	1 950
Monitoring and evaluation	300	200	500
Total	5 000	9 100	14 100

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.